

# PENALTY REVIEW

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

DEAR LICENSEE:

Per your request of \_\_\_\_\_, a review was made of the following Deficiency and/or Penalty Notices:

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The results are as follows:

- ☐ Penalty Assessment Dismissed
- ☐ Penalty Assessment Amount amended to \$\_\_\_\_\_.
- ☐ Extension of Correction Due Date Approved to \_\_\_\_\_ (date).
- ☐ Extension Date Denied
- ☐ Request Denied

\_\_\_\_\_  
DATE OF REVIEW DECISION

Explanation:

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\_\_\_\_\_  
District Manager/Delegate